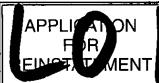
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





A DEPORTMENT OF STATE

July 5 mith

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JISION FOR APOLATIONS



1. DOCUMENT # 1

L01000016495

Name and Mailing Address

800009228178 11/26/02--01079--001 **150.00



New Mailing Address		₩ •	4. Stat	e/Country of Formation FL	
y, State, Zip				Organized or Qualified	09/26/2001
ncipal Place of Business 504 W. INDIANA	3. New Prin	3. New Principal Place of Business Address City, State, Zip		Number 9-3746572	Applied For Not Applicat
BONIFAY FL 32425	City, State, Z			7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of State	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name		
LEE, FRANCES M 1488 DAISY LANE BONIFAY FL 32425			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
nature of Agent Agent	REGISTERED AG	ENT MUST SIGN	am familiar with and accept t	Date	102
nature of gistered Agent Journ Names and Street Addresses of Each M. Name of Mana	REGISTERED AG anaging Member/Mana	ENT MUST SIGN Iger Stre	am familiar with and accept t	11/50	3. 3.
	REGISTERED AG anaging Member/Mana	ENT MUST SIGN Iger Stre	et Address of Each ing Member/Manager	Date 11/25	3. 3.
Names and Street Addresses of Each Mittle(s) Name of Mana Members/Mana Name of Mana Members/Mana	REGISTERED AG anaging Member/Mana iging agers	Stree Manager 1488 DAISY	et Address of Each ing Member/Manager	Date 1/25	
Names and Street Addresses of Each Mittle(s) Name of Mana Members/Mana Name of Mana Members/Mana	REGISTERED AG anaging Member/Mana	Stree Manager 1488 DAISY	et Address of Each ing Member/Manager	Date 1/25	

Toward as a sisted assess of significant Adams of the State of Sta

as if made under oath.

Managing Member/Manages